

Building Your Professional Portfolio for Infant & Toddler Caregivers Evaluation

**Indicates required information*

Date of Webinar: 8/15/19

*Name: _____

*I work at: _____

*Work address: _____

*Email: _____ *Phone: _____


*My position is: Director / Owner Teacher / Caregiver Other _____

*Type of program: Center Based Family Care Home

Please print clearly.
Return VA ITSN
by email to
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P.O. Box 280, Norge, VA 23127
Attn: Training

| | |
|---|---|
| <p>What I liked about the training was . . .</p> | <p>Suggestions I have for improving the training are . . .</p> |
|---|---|

| |  No | |  Somewhat | |  Yes Definitely |
|---|---|----------|---|----------|--|
| Were the training objectives met? | 1 | 2 | 3 | 4 | 5 |
| Did you learn what you expected to learn? | 1 | 2 | 3 | 4 | 5 |
| Was the trainer knowledgeable? | 1 | 2 | 3 | 4 | 5 |
| Will the training help you enhance the quality of care for infants and toddlers in your setting? | 1 | 2 | 3 | 4 | 5 |
| If yes, please tell us how..... | | | | | |

| | | | | | |
|---|----------|---|----------|---|--|
| Overall Rating Of This Training: | | | | | |
|  | |  | |  | |
| 1 | 2 | 3 | 4 | 5 | |

THANK YOU!

Check here if you are interested in receiving follow-up support to this webinar.